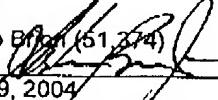


File No. 42221-0008

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper (comprising 3 pages) is being facsimile transmitted to the United States Patent and Trademarks Office on the date shown below.

Name: Arturo Brion (51,374)  
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**OFFICIAL****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Inventor: Johnson et al

Our File No.: 42221-0008

US Serial No.: 10/743,784

Filing Date: 12/24/2003

Group Art Unit: 2122

Examiner: unknown

Title: SECURE METHOD AND SYSTEM FOR BIOMETRIC VERIFICATION

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
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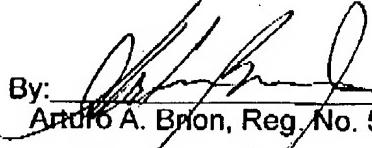
Sir:

We enclose herewith the following form relating to the above-noted application:

- Two "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address Form" (PTO/SB/82)

The forms have been executed by the inventors, Harold Johnson and Alec Main.

Respectfully submitted,

By:   
Arturo A. Brion, Reg. No. 51,374

CASSAN MACLEAN  
80 Aberdeen Street, Suite 401  
Ottawa, Ontario, Canada, K1S 5R5  
Tel: (613) 238-6404

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/743,784
Filing Date	12/24/2003
First Named Inventor	Harold J. Johnson
Art Unit	
Examiner Name	
Attorney Docket Number	42221-0008

**OFFICIAL****I hereby revoke all previous powers of attorney given in the above-identified application.** A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

41018

 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number:

41018

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Cassan MacLean			
Address	Suite 401			
Address	80 Aberdeen Street			
City	Ottawa	State	Ontario	Zip K1S 5R5
Country	Canada			
Telephone	613-238-6404	Fax	613-230-8755	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Harold J. Johnson		
Signature			
Date	June 10, 2004	Telephone	613-829-9569

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/743,784
Filing Date	12/24/2003
First Named Inventor	Harold J. Johnson
Art Unit	
Examiner Name	
Attorney Docket Number	42221-0008

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 41018

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number: 41018

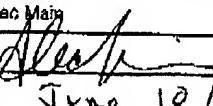
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Cassan Maclean			
Address	Suite 401			
Address	80 Aberdeen Street			
City	Ottawa	State	Ontario	Zip
Country	Canada K1S 5R5			
Telephone	613-238-6404	Fax	613-230-8755	

I am the:

- Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Alec Main		
Signature			
Date	June 10/04	Telephone	613-271-9446 x 230

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